National Interagency Fire Center BLM - Office of Fire and Aviation

WILDLAND FIRE MANAGEMENT INFORMATION (WFMI) SYSTEM FIRE REPORTING MODULE USER ACCESS REQUEST FORM

ACCESS REQUEST / INFORMATION CHANGE* / TERMINATION REQUEST**

(PLEASE CIRCLE ONE)

Applicant Information:							
Name:				Title	ə:		
Last Email:		First	MI				
Bureau: Region/State: Reporting Unit/Park/Field Office				Office	:		
Home Unit Mailing Address:							
Do you currently have a WF	MI account (i.e., we	eather, lightning)?	Yes	No			
If yes, what is your system /	log-on ID name (i.e	e., JDOE, etc.)?					
Employment Status (please	check one): Fede	eral Employee	_ Contra	ctor_			
If this is a temporary assign	nent (i.e., detail), pr	rovide an estimate	d date of t	ermina	ation: _		
Fire Occurrence Acces	s Request for:	BIA BLM	NPS	(Plea	se circle	e one)	
Reques	Following Units:				Al Func	tions	
Region/State	Reporting	g Unit/Field Office/I	Park		View	Edit	Export
Authorization of Request I certify that the above-listed the Authorizing Official or ha request.	d individual needs a						
Signature		Date			Email A	ddress	
Printed Name		Title	<u> </u>	F	hone N	umber	
I would also like to rec	eive access to the \	WFMI system Lightr	ning Detect	tion M	odule.		
Please initial to a Use of BLM Computer System USERS. Applicant's Initials:	acknowledge you ha ms Form. These rules	s & guidelines appl		MI FIR	E REPOR		
*Full name phone number email	and requested shares	•					

SDU Use Only: Please forward to NIFC IT Security Manager	
Login Name:	
Date Added:	

Full name, phone number, email and requested changes are required for an information change request-

^{**}Full name, phone number and email are required for a login termination request.